COVER PAGE

Recipient Committee Campaign Statement	11 2		Date Stamp	CALIFORNIA 460
Cover Page Government Code Sections 84200-84216 5)				
	Statement covers period from 07/01/2021	Date of election if applicable: (Month, Day, Year)		Page 1 of 4 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/2021	11/05/2024		
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
	Primarily Formed Ballot Measure Committee Controlled Sponsored	☐ Preelection Statement ☐ Semi-annual Statement ☐ Termination Statement (Also file a Form 410 Termination)		Quarterly Statement Special Odd-Year Report Supplemental Preelection Statement - Attach Form 495
General Purpose Committee O Sponsored O Small Contributor Committee O Political Party/Central Committee	(Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	☐ Amendment (Explain below)		
3. Committee Information	I.D. NUMBER 1342332	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Patino for Mayor 2024		NAME OF TREASURER Tom Martinez MAILING ADDRESS		ANY SLERYS DEFINE
		2624 Airpark Dr.		
STREET ADDRESS (NO P.O. BOX) 2624 Airpark Drive		CITY Santa Maria	STATE ZIP	ZIP CODE AREA CODE/PHONE 93455 (805) 934-5737
CITY STATE ZIP CODE	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY		
Santa Maria CA 93455 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	55 (805) 934–5737 30X	Trent Benedetti MALLING ADDRESS 2151 S. College Dr.,	Ste. 101	
CITY STATE ZIP CODE	ODE AREA CODE/PHONE	ıria	STATE ZIP CA 9	ZIP CODE AREA CODE/PHONE 93455
OPTIONAL: FAX / E-MAIL ADDRESS tom@martinezassoc.net		OPTIONAL: FAX / E-MAIL ADDRESS	ESS	
4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjuny under the laws of the State of California that the foregoing is true and correct.	g this statement and to the best of my kno ia that the foregoing is true and correct.	wledge the information contained her	rein and in the attached sche	dules is true and complete. I certify
Executed on 1/24/2022		Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor	Treasurer The Comment or Responsible Officer of Spons	la l
Executed on	By	Signature of Controlling Officeholder, Candidate, State Measure Proponent	tate Measure Proponent	

www.netfile.com

Executed on ___

PPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

Signature of Controlling Officeholder, Candidate, State Measure Proponent

<u>₩</u>

S.

COVER PAGE - PART 2	ORNIA 460 RM 460	2 of 4
O	CALIFOR	Page 2

Officeholder or Candidate Controlled Committee	ï	6. Primarily Formed Ballot Measure Committee	Measure Committee		
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Alice Patino OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER Mayor	ST NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	S & □ □	SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO.AND STREET) C	CITY STATE ZIP Santa Maria CA 93455	Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	holder, candidate, or stat	ite measure prop	onent, if any.
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	itement: List any committees or are primarily formed to receive ndidacy.	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	>
COMMITTEE NAME	I.D. NUMBER	Section of the sectio		300	
NAME OF TREASURER	CONTROLLED COMMITTEE?	 Frimarily Formed Candidate() for which this committee is primarily formed. 	late/Omicenolder con r which this committee is I	nimittee List n primarily formed.	ames or
COMMITTEE ADDRESS (NO P.O. BOX)	1	NAME OF OFFICEHOLDER OR CANDIDATE	DIDATE OFFICE SOUGHT OR HELD	SHT OR HELD	☐ SUPPORT ☐ OPPOSE
CITY STATE ZIP CODE	ODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	DIDATE OFFICE SOUGHT OR HELD		SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE	DIDATE OFFICE SOUGHT OR HELD	SHT OR HELD	SUPPORT OPPOSE
	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE	IDIDATE OFFICE SOUGHT OR HELD	знт ок неср	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	(xo				
CITY STATE ZIP C	ZIP CODE AREA CODE/PHONE	Attach	Attach continuation sheets if necessary	ecessary	

Campaign Disclosure Statement	Amounts may be rounded		political around the most of t	MMA
Summary Page	to whole dollars.	froi	07/01/2021	FORM 460
SHE INSTRUCTIONS ON REVERSE		through	12/31/2021	Page3 of4
NAME OF FILER				I.D. NUMBER
Patino for Mayor 2024				1342332
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Sun Running in Both th	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A. Line 3	00.0	00.00	General Elections	
	00.0	00.00	1//1	1/1 through 6/30 7/1 to Date
Add Lines 1+	00.00	00.00	20. Contributions Received \$	ક્ક
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00	IFES	
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3+4	\$	00.00		es
Expenditures Made			Expenditure Limit	Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$ 187.25	\$ 1,336,70	Candidates	•
7. Loans Made Schedule H, Line 3	0.00	00.0	: 10 CC	***************************************
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 187.25	\$ 1,336.70	22. Cumulati (if Subject t	(if Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)schedule F, Line 3	0.00	00.00	Date of Election	Total to Date
10. Nonmonetary Adjustmentschedule C, Line 3	0.00	00.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADE4dd Lines 8 + 9 + 10	\$	\$ 1,336.70		\$
				€
Current Cash Statement 12 Beginning Cash Balance	15,955.99			e e
12 Cost December 1 Personal Property of the Pe	00.00	lo calculate Column B, add amounts in Column A to the		
14. Microllandous Introduce to Cash	0.00	corresponding amounts	*Amounts in this section	*Amounts in this section may be different from amounts
	_	report. Some amounts in	reported in Column B.	
	\$ 15,768.74	Column A may be negative figures that should be		
If this is a termination statement, Line 16 must be zero.		subtracted from previous period amounts. If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	the first report being filed for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts	00.0	from Lines 2, 7, and 9 (if any).		
~	00.00			
				FPPC Form 460 (Jan/2016)

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

	ade
Ш	Σ
<u>e</u>	ŧ
큥	ē
Pe	F
$\frac{1}{2}$	a.

Amounts may be rounded to whole dollars.

46(4 ᡖ CALIFORNIA FORM Page 4 Statement covers period 07/01/2021 12/31/2021 through from

I.D. NUMBER

1342332

SCHEDULE

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Patino for Mayor 2024

If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CODES:

campaign paraphernalia/misc. campaign consultants SSS

contribution (explain nonmonetary)*

candidate filing/ballot fees

civic donations

S ∃ S

SE B

fundraising events

2 28

meetings and appearances member communications MIG

petition circulating office expenses phone banks 응 뜬 동 독 등 등 품

postage, delivery and messenger services professional services (legal, accounting) print ads polling and survey research

independent expenditure supporting/opposing others (explain)*

campaign literature and mailings

legal defense

transfer between committees of the same candidate/sponsor t.v. or cable airlime and production costs staff/spouse travel, lodging, and meals candidate travel, lodging, and meals radio airtime and production costs returned contributions campaign workers' salaries SAL TEL TRS TSF VOT WEB

information technology costs (internet, e-mail) voter registration

137.25 AMOUNT PAID DESCRIPTION OF PAYMENT Accounting R CODE PRO NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

Benedetti & Associates, Inc. 2151 S. College Dr Ste 101 Santa Maria, CA 93455

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

137.25

SUBTOTAL\$

Schedule E Summary

137.25 1. Itemized payments made this period. (Include all Schedule E subtotals.)

50.00 2. Unitemized payments made this period of under \$100\$

187.25

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) FPPC Form 460 (Jan/2016) www.fppc.ca.gov

0.00

↔